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Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE FEE**  
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J/C PATENTS INC  
4 VENTURE  
SUITE 250  
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7/30

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JIANKE HUANG	(Depositor's name)
<i>[Signature]</i>	(Signature)
JUNE 26, 2003	(Date)

06/27/2003 TTRME 00000002 500710 09478861

01 FEE:1501 1300.00 \$  
02 FEE:0001 9.00 \$

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/478,861	01/07/2000	YIN-CHUN HUANG	JCLAS433	2276

TITLE OF INVENTION: END-OF-SCAN REPORTING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	06/01/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAIL, RJUEE	2182	710-018000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.316).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/129) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. \_\_\_\_\_  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

UMAX DATA SYSTEMS, INC.

HSINCHU, TAINAN, R.O.C

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☐ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 03☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-07310 (enclose an extra copy of this form).

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(Date)

06/26/2003

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